



# RULE 2202 - REGISTRATION FORM

YEAR: SITE ID: 

TYPE OR PRINT ALL INFORMATION

**Section I - General Information**

Employer/Organization Name: \_\_\_\_\_

Worksite Address: \_\_\_\_\_

Street Number (N, S, E, W)

Street Name

Type (St., Ave., Blvd.)

Unit / Suite

Location / Mail stop

City

State

Zip Code

County (LA, OC, RS, SB)

Highest Ranking Official at this Site: \_\_\_\_\_

Name

Title

Mailing Address: \_\_\_\_\_

(If different from site address)

Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Area Code

Fax Number: ( ) \_\_\_\_\_

Area Code

Contact Name: \_\_\_\_\_

Name

Title

Mailing Address: \_\_\_\_\_

(If different from site address)

Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Area Code

Fax Number: ( ) \_\_\_\_\_

Area Code

If filing an Employee Commute Reduction Program, provide:

Employee Transportation Coordinator: \_\_\_\_\_

Name

Title

Mailing Address: \_\_\_\_\_

(If different from site address)

Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Area Code

Fax Number: ( ) \_\_\_\_\_ Has this person completed the Rule 2202 ETC Training? Yes \_\_\_\_\_

Area Code

No \_\_\_\_\_

(If No, please explain) \_\_\_\_\_

Total number of employees reporting at this worksite: \_\_\_\_\_

Total number of employees reporting within the designated window at this worksite: \_\_\_\_\_

I attest that the attached program will be implemented as required by Rule 2202 – On-Road Motor Vehicle Mitigation Options and further declare that as stated herein, the proposed strategies will be implemented upon program approval by the AQMD.

Signature of Highest Ranking Official: \_\_\_\_\_ Date: \_\_\_\_\_



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### Section I (continued)

Check One Box Only

Select Type of Program:

☐**Air Quality Investment Program** (Complete Sections I, II) pages 1-3.☐**Emission/Trip Reduction Strategies** (Complete Sections I, III) pages 1-2, 4 or 4-8 if applicable.☐**Employee Commute Reduction Program** (Complete Sections I, IV) pages 1-2, 5-25.☐**Employee Commute Reduction Program Offset** (Complete Sections I, IV) pages 1-2, 5-9, and 26.

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

South Coast Air Quality Management District  
Transportation Programs  
21865 Copley Drive  
Diamond Bar, CA 91765

Please provide the site I.D. number and specify "Rule 2202" on all checks. **Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees.**

**Please refer to Rule 308 for current Emission/Trip Reduction Strategies and for Employee Commute Reduction Program filing fees. Please refer to Rule 311 for current Air Quality Investment Program filing fees.**

**Fees are subject to change each July 1<sup>st</sup>. Call (909) 396-FEES for latest information, or visit our Web Site at [www.aqmd.gov](http://www.aqmd.gov) to download Rules 308 and 311.**

Site Street Address, City, Zip	Total # Employees	Amount Due
<input type="text"/>	<input type="text"/>	<input type="text"/>
Late Fees, if applicable: (50% of submittal fee)		<input type="text"/>
Total Fees Submitted:		<input type="text"/>



## RULE 2202 - REGISTRATION FORM

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### Section IV – Employee Commute Reduction Program (ECRP) Option

#### Section IV-1. AVR Verification Process

**A. Methodology:**

*Identify the methodology used to obtain the survey data by checking one of the following choices and provide a copy of the data collection instrument:*

☐

**District Approved  
AVR Survey**

*(If selected, complete B thru D.)*

The 7-day survey form is available upon request for qualified employers.

☐

**Other**

**This method requires prior AQMD approval.**

*(such as Random Sample, or Record-Keeping)*

See Rule 2202 – Employee Commute Reduction Program Guidelines for additional information.

**B. Survey Response Rate**

Number of surveys returned  
from employees reporting to work  
within the designated window.

divided by

Total number of employees  
reporting to work within the  
designated window.

Survey response rate  
(60% minimum response  
rate required.)

**C. Survey Week**

First day of survey

Last day of survey

**D. Specific location where surveys/record keeping data are stored at your worksite**

**E. Police/Sheriff/Federal Field Agents Exclusion**

If you excluded Police/Sheriff/Federal Field Agents from the AVR calculation, please indicate the total number excluded:





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## Section IV-1 (cont.)

### G. Weekly Employee/Vehicle Calculation

Mode	Column I
NSR. No Survey Responses (if 60%-89%)	
NSE. Surveys with Errors	
A. Drive Alone	
B. Motorcycle	
C. 2 persons in vehicle	
D. 3 persons in vehicle	
E. 4 persons in vehicle	
F. 5 persons in vehicle	
G. 6 persons in vehicle	
H. 7 persons in vehicle	
I. 8 persons in vehicle	
J. 9 persons in vehicle	
K. 10 persons in vehicle	
L. 11 persons in vehicle	
M. 12 persons in vehicle	
N. 13 persons in vehicle	
O. 14 persons in vehicle	
P. 15 persons in vehicle	
Q. Bus	
R. Rail/plane	
S. Walk	
T. Bicycle	
U. Electric Vehicle	
V. Telecommute	
W. Noncommuting	

	Column II
NSR. divided by 1	
NSE. divided by 1	
A. divided by 1	
B. divided by 1	
C. divided by 2	
D. divided by 3	
E. divided by 4	
F. divided by 5	
G. divided by 6	
H. divided by 7	
I. divided by 8	
J. divided by 9	
K. divided by 10	
L. divided by 11	
M. divided by 12	
N. divided by 13	
O. divided by 14	
P. divided by 15	
Q. Bus	0
R. Rail/plane	0
S. Walk	0
T. Bicycle	0
U. Electric Vehicle	0
V. Telecommute	0
W. Noncommuting	0



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### Section IV-1 (cont.)

#### G. Weekly Employee/Vehicle Calculation (cont.)

##### Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)	
---------------------------------------	--

TV. Total Vehicles (NSR through P)	
------------------------------------	--

##### Other Days Off

AA. Vacation	
BB. Sick	
CC. Other	
*DD. Other NSR (90% or higher)	
<b>EE. Total (ET + AA + BB + CC + DD)</b>	
FF. Number of employees in window	
GG. Multiply box FF by 5	

\*DD Other: No Survey Response for employers that have achieved a 90% or higher survey response rate.

Note: Numbers in boxes EE & GG must be the same.



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### Section IV-1 (cont.)

#### H. AVR Planning Form

1. Total employee trips generated within window. (Section IV-1-G, Line ET).
2. Total vehicles arriving at the worksite within the window. (Section IV-1-G, Line TV).
3. Divide line #1 of this page by line #2 of this page for current AVR.
4. Enter AVR performance zone here. (1.30, 1.50, or 1.75).
5. AVR of last submittal.
6. Enter Adjusted AVR from the Appendix(ces) here, if applicable, otherwise enter the AVR from line 3. Adjustments to the AVR: Check all that apply and complete corresponding Appendix(ces).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.


☐

**Off-Peak Credits (Complete Appendix C)**

☐

**Reduced Staffing (Complete Appendix D)**

☐

**Non-Regulated Sites (Complete Appendix E)**

☐

**Multiple Adjustment Worksheet (Complete Appendix F)**



# RULE 2202 - REGISTRATION FORM

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<b>Section IV - 3</b>			
<b>Employee Commute Reduction Program/Emissions Offset Option</b>			
1. <b>Enter</b> the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section IV-1, item G, Line ET, by 5.			
2. <b>Enter</b> the daily average number of vehicles reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section IV-1, item G, Line TV, by 5.			
3. <b>Subtract</b> Line 2 from Line 1 and enter the result. This is the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window.			
<b>Emission Reduction Target (ERT) Calculation</b>	<b>VOC</b>	<b>NOx</b>	<b>CO</b>
4. <b>Enter</b> the Employee Emission Reduction Factors with respect to the worksite's Performance Zone. (see Table 1 in Appendix B). <b>Check one:</b> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/>			
5. Multiply Line 1 times Line 4 and enter the results.			
6. Enter the Emission Factors for Vehicle Trip Emission Credits. (see Table 2 in Appendix B).			
7. Multiply Line 3 times Line 6 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).			
8. <b>Subtract</b> Line 7 from Line 5 and enter the results. This is your EMISSION REDUCTION TARGET (ERT). <b>STOP</b> here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 9, and/or Line 10, and/or Line 13.			
<b>Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area</b>	<b>VOC</b>	<b>NOx</b>	<b>CO</b>
9. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, Tug Boat Emission Reductions, or other AQMD approved emission reduction strategies).			
10. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, parking cash-out, non-peak CCVR's, etc.). For non-peak CCVR credits claimed, please enter CCVR here: _____			
11. <b>Enter</b> the sum of Lines 9 and Line 10.			
12. <b>Subtract</b> Line 11 from Line 8 and enter the results. This is your Net EMISSION REDUCTION TARGET (ERT). <b>STOP</b> here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, proceed to Line 13.			
<b>Vehicle Trip Emission Credits (VTEC) from AQIP to meet the balance ERT</b>	<b>VOC</b>	<b>NOx</b>	<b>CO</b>
13. Air Quality Investment Program Option to Offset the ERT: Divide Line 12 by the corresponding Equivalent Emission Factor in Line 4. Use round numbers only. Enter results here.			
14. <b>Multiply</b> the highest number on Line 13 by \$60. This is the equivalent AQIP Fee to Offset your Net ERT. <b>STOP</b> here, you are in compliance.	\$ _____		